

# Sentence Assessment



Name: \_\_\_\_\_

End of Intervention Assessment Date: \_\_\_\_\_

Write about your favourite hobby or your favourite TV show.

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Tick the ones that you can do:

I can use sounds/phonics to help me spell.

I can use finger spaces.

I can use full stops.

I can use capital letters.

My sentences make sense.

Score \_\_\_/5